

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>01888</u> <u>7388</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u> |
| 3. Name and address of person filing. Name <u>Ronald R Richardson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3016 N. Narrows Dr. #A103</u> City <u>Tacoma</u> State <u>Washington</u> ZIP Code + 4 <u>98407</u> | 4. Name, file number, and address of labor organization. Name <u>HEREIU & unite HERE</u> Labor Organization File Number <u>000-511</u> P.O. Box, Building and Room Number, if any _____ Street <u>275 Seventh Ave.</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001</u> |
| 5. Position in labor organization. <u>Exec. V.P.</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ |

Signature

| | | |
|--|--------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Ronald Richardson</u> | On <u>8/8/05</u> Date | <u>253-756-5200</u> Telephone Number |

| | |
|---|-----------------------------|
| Name of Person Filing Ronald R. Richardson | File Number U- 01888 |
|---|-----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| 8. Name and address of Business (including trade name, if any). Name GESD Capital Partners LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 221 Main St. #1450 City San Francisco State California ZIP Code + 4 94105 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name HEREIN Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 711 N. Commons Dr. City Aurora State Ill ZIP Code + 4 60504 | 11.a. Nature of such dealing. Meals \$156.50 Holiday Basket \$157.32 11.b. Approximate dollar value of such dealing. \$313.82 12.a. Nature of interest held or income received. 12.b. Amount. |

| | |
|--|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. 14.b. Amount of payment. |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | |

Name of Person Filing

Ronald Richardson

File Number U-

01888

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Paul K. Regan + Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1003 K ST. N.W.

City Washington

State D.C. ZIP Code + 4 20001

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name HERE Local 25 Legal Fund

Trade Name, if any: 40 ASSOC. welfare + pension

P.O. Box, Bldg., Room No., if any

Street 6419 York Rd. #103

City Baltimore

State Md. ZIP Code + 4 21212

11.a. Nature of such dealing.

3 lunches or Dinners
Totalling \$ 276.661 dinner for me + spouse 225.35
1 lunch for me 24.57
" " 26.75

11.b. Approximate dollar value of such dealing.

\$ 276.66

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

| | |
|--|-----------------------------|
| Name of Person Filing Ronald Richardson | File Number U- 01888 |
|--|-----------------------------|

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business if an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

i. Name and address of Business (including trade name, if any).

Name **Kennedy Assoc. Real Estate Counsel inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1215 4th Ave. 2400 Financial Ctr**

City **Seattle**

State **Washington** ZIP Code + 4 **98161**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **HEREIN Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **711 N. Commons Dr.**

City **Aurora**

State **Ill.** ZIP Code + 4 **60504**

11.a. Nature of such dealing.

\$21.69 lunch

11.b. Approximate dollar value of such dealing. **\$21.69**

12.a. Nature of interest held or income received.

12.b. Amount.

D. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | |
|--|-----------------------------|
| Name of Person Filing Ronald Richardson | File Number U- 01888 |
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i. Name and address of Business (including trade name, if any).

Name **McMorgan & Co.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **720 S.W. Washington St**
City **Portland** #700

State **Oregon** ZIP Code + 4 **97205**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **HERE Pension Trust**
Trade Name, if any: **COWPAS**

P.O. Box, Bldg., Room No., if any

Street **2815 2nd Ave** #300
City **Seattle**

State **Washington** ZIP Code + 4 **98121**

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing. **\$ 90.35**

12.a. Nature of interest held or income received.

12.b. Amount.

2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | |
|--|-----------------------------|
| Name of Person Filing Ronald Richardson | File Number U- 01888 |
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3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business if an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| <p>i. Name and address of Business (including trade name, if any).</p> <p>Name The Mclaughlin Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1725 DeSales St. N.W.</p> <p>City Washington</p> <p>State D.C. ZIP Code + 4 20036</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name unite HERE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1219 28th St. N.W.</p> <p>City Washington</p> <p>State D.C. ZIP Code + 4 20007</p> | <p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Lunch</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$37.58</p> |
| | <p>12.a. Nature of interest held or income received.</p> |
| | <p>12.b. Amount.</p> |

D. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--|---------------------------------|
| <p>3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

| | |
|--|-----------------------------|
| Name of Person Filing Ronald Richardson | File Number U- 01888 |
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3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business if an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

i. Name and address of Business (including trade name, if any).

Name **Landon Butler & Co.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **700 13th ST. N.W. # 925**

City **Washington**

State **D.C.** ZIP Code + 4 **20005**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **HEREIU Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **711 N. Commons Dr.**

City **Aurora**

State **Illinois** ZIP Code + 4 **60504**

11.a. Nature of such dealing.

Dinner w/wife \$100.00
 " " " \$177.15
 " " " \$176.00
 Xmas pecans \$33.00

11.b. Approximate dollar value of such dealing.

\$486.15

12.a. Nature of interest held or income received.

12.b. Amount.

2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | |
|--|-----------------------------|
| Name of Person Filing Ronald Richardson | File Number U- 01888 |
|--|-----------------------------|

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business if an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **A amalgamated Bank of N.Y.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **15 Union Square**

City **New York**

State **New York** ZIP Code + 4 **10003**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **HEREIU.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1218 28th St. N.W.**

City **Washington,**

State **D.C.** ZIP Code + 4 **20007**

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing. **\$ 116.67**

12.a. Nature of interest held or income received.

12.b. Amount.

2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.